

Employee Name: _____
(Please Print) Last First MI
ZPID: _____ Union Group: _____

I hereby authorize Michigan State University to discontinue my payroll deductions for union dues or service fees. I understand that this authorization will become effective within thirty (30) days following its receipt in the university Payroll Office.

Employee Signature: _____ Date: _____

Several collective bargaining agreements require that authorization be sent to **both** the Payroll Office **and** the Union office via **U.S. mail**.
Submit completed form to both: **Payroll Division** AND **Applicable Union Office**
Hannah Administration Building Union addresses may be found online at
426 Auditorium Road Room 350 <https://hr.msu.edu/contracts/union-addresses.html>
East Lansing, MI 48824

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For Payroll Use Only: Date Received: _____ Initials: _____ Date Entered: _____ Date Effective: _____

This form must be sent to **both** the Payroll Office **and** the Union office via **U.S. mail**. Cards will not be accepted through email, fax, walk-in traffic, campus mail or any other method other than **U.S. mail**.

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<https://hr.msu.edu/contracts/union-addresses.html>